OVERVIEW OF HIPAA CLAIMS AND MEDS ELIGIBILITY FILES DATA ELEMENT LISTS

These tables lists the three categories of data described in the HIPAA Privacy Rule regulations (45 CRF, Parts 160, 162 and 164) and the data elements that are permitted to be released in each of these categories. For more detailed information on the HIPAA Privacy Rule regulations please refer to the web site maintained by the US Department of Health and Human Services, Office of Civil Rights at http://www.hhs.gov/ocr/hipaa/.

De-Identified Data Sets: There are no restrictions for releasing De-Identified data sets. Anyone may request and receive De-Identified data sets.

Limited and Fully Identified Data Sets: Limited and Fully Identified data sets may be disclosed only for the purposes of research, public health, or standard health care operations (please see the HIPAA regulations for details). Research is defined in the Privacy Rule as, "a systematic investigation including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." The intent to disseminate findings outside of the requestor's organization or industry is an essential condition for generalizability. Research should not be confused with healthcare operations such as quality assurance, marketing or other internal operations.

Release of data in Limited and Fully Identified data sets is restricted to the minimum necessary to achieve the stated goals of the requesting entity.

Release of Limited and Fully Identified data sets will require legal approval from the California Department of Health Services (DHS) and approval of the DHS Committee for The Protection of Human Subjects.

Data Element	Available For Use In De-Identified Data Sets	Available For Use In Limited Data Sets	Available For Use In Fully Identified Data Sets
Claims File HIPAA Data Element List			
Based on the '35' Paid Claims File			
HEADER ELEMENTS	N/A	N/A	N/A
1. Record ID	X	X	X
2. Segment Count	X	X	X
3. Plan Code	X	X	X
4. DHS Claim Type	X	X	X
5. Internal Control Number			X
6. Beneficiary ID: County		X	X
7. Beneficiary ID: Aid Code	X	X	X
8. Beneficiary ID: Case Number			X
9. Beneficiary ID: Family Budget Unit	X	X	X
10. Beneficiary ID: Person Number	X	X	X
11. Beneficiary Name			X
12. Sex	X	X	X
13. Race	X	X	X
14. HIC Number			X
15. Provider Zip Code	X	X	X
16. Provider Number*	X	X	X
17. Hospital Reimbursement Rate	X	X	X
18. Patient Liability Amount	X	X	X
19. Provider County	X	X	X
20. Physician Specialty	X	X	X
21. Vendor Code	X	X	X
22. Discharge/Status Code	X	X	X
23. Offset	X	X	X
24. Surgery	X	X	X
25. Medicare Indicator	X	X	X
26. Admission Date	Year only	Complete date is allowed.	Complete date is allowed.
27. Discharge Date	Year only	Complete date is allowed.	Complete date is allowed.
28. Adjudication/Check Date	X	X	X
29. Primary Diagnosis Code (ICD)	X	X	X
30. Co-Insurance Amount	X	X	X
31. Total Medi-Cal Billed Amount	X	X	X
32. Total Medi-Cal Paid Amount**	X	X	X
33. Family Planning Indicator	X	X	X
34. Federal Financial Participation	X	X	X
35. Adjustment Indicator	X	X	X
36. Days Stay	X	X	X
37. Other Coverage Amount	X	X	X
38. Adjustment ICN			X
39. From Date of Service	Year only	Complete date is allowed.	Complete date is allowed.

Claims File HIPAA Data Element List Based on the '35' Paid Claims File			
Data Element	Available For Use In De-Identified Data Sets	Available For Use In Limited Data Sets	Available For Use In Fully Identified Data Sets
40. To Date of Service	Year only	Complete date is allowed.	Complete date is allowed.
41. Other Coverage Indicator	X	X	X
42. Social Security Number***			X
43. Birth Date	Year or age only, but only for individuals less than 90 years of age.	Complete date is allowed for all individuals.	Complete date is allowed for all individuals.
44. Provider Type Code	X	X	X
45. Category of Service	X	X	X
46. CCS/GHPP Indicator	X	X	X
47. Provider Name	X	X	X
48. Minor Consent Service Code	X	X	X
49. Restricted Service Code	X	X	X
50. FI Claim Type	X	X	X
51. Prepaid Health Plan Code	X	X	X
52. Secondary Diagnosis Code	X	X	X
53. Claim Emergency Indicator	X	X	X
54. Claim Adjudication Date	X	X	X
55. Admission Necessity Code	X	X	X
56. Patient Status Code	X	X	X
57. Primary Surgery Code	X	X	X
58. Secondary Surgery Code	X	X	X
59. Surgery Date	Year only	Complete date is allowed.	Complete date is allowed.
60. LTC/SOC Indicator	X	X	X
61. Claim Form Indicator	X	X	X
62. Admit Source	X	X	X
63. Client Index Number			X
DETAIL LINE ELEMENTS	N/A	N/A	N/A
64. Medi-Cal Billed Amount	X	X	X
65. Medi-Cal Paid Amount**	X	X	X
66. Medicare Billed Amount	X	X	X
67. Medicare Paid Amount	X	X	X
68. Medicare Deduction Code	X	X	X
69. Medicare Deductible Amount	X	X	X
70. From Date of Service	Year only	Complete date is allowed.	Complete date is allowed.
71. To Date of Service	Year only	Complete date is allowed.	Complete date is allowed.
72. PCCM Indicator	X	X	X
73. Other Health Care Coverage	X	X	X
74. EPSDT Service Indicator	X	X	X
75. TAR Indicator	X	X	X

<table>
<thead>
<tr><th>Data Element</th><th>Available For Use In De-Identified Data Sets</th><th>Available For Use In Limited Data Sets</th><th>Available For Use In Fully Identified Data Sets</th></tr>
</thead>
<tbody>
<tr><td colspan="4">Claims File HIPAA Data Element List
Based on the '35' Paid Claims File</td></tr>
<tr><td>76. Place of Service</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>77. Type of Service</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>78. Procedure Code</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>79. Procedure Indicator</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>80. Accommodation Code</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>81. Tooth or Modifier</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>82. Units of Service</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>83. Prescription Number</td><td></td><td></td><td>X</td></tr>
<tr><td>84. CoPay Amount</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>85. Pricing</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>86. Prescribing Provider Number*</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>87. EPSDT Referral Code</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>88. CoPay Indicator</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>89. Drug Manufacturer</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>90. FI Type of Service</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>91. Medi-Cal Reimbursement Amount**</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>92. Other Coverage Amount</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>93. Original Place of Service</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>94. First Databank Smart Key</td><td>Never to be released to anyone outside of the DHS.</td><td>Never to be released to anyone outside of the DHS.</td><td>Never to be released to anyone outside of the DHS.</td></tr>
<tr><td>95. Drug Days Supply</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>96. Medical Supply Indicator</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>97. Compound Drug Indicator</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>98. Tooth Surface Location</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>99. Billed Code Indicator</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>100. FFP Indicator</td><td>X</td><td>X</td><td>X</td></tr>
</tbody>
</table>

* Provider numbers will have the last six columns encyrpted.

** Medi-Cal paid amounts with dates of service less than four years old may not be released for contract hospitals.

*** An identifier can be created by MCSS for De-Identified and Limited datas sets that researchers can use for longitudinal studies.

Data Element*	Available For Use In De-Identified Data Sets	Available For Use In Limited Data Sets	Available For Use In Fully Identified Data Sets
MEDS Eligibility File HIPAA Data Element List **Based On The 1025 Byte MEDS MEF**			
HEADER ELEMENTS	N/A	N/A	N/A
1. Social Security Number**			X
2. HIC Number			X
3. County Case Number			X
4. Date of Birth	Year or age only, but only for individuals less than 90 years of age.	Complete date is allowed for all individuals.	Complete date is allowed for all individuals.
5. Gender	X	X	X
6. Ethnicity	X	X	X
7. Language	X	X	X
8. SSAN VER CD	X	X	X
9. Redetermination Month	X	X	X
10. Case Name			X
11. Beneficiary Name			X
12. Beneficiary Address			X
13. Beneficiary City		X	X
14. Beneficiary State	X	X	X
15. Beneficiary Zip Code	First three digits are allowed, but only if the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people. For all such geographic units containing less than 20,000 people the Zip Code must be zero filled or blank.	Complete Zip Code is allowed.	Complete Zip Code is allowed.
16. County Medi-Cal Worker (Medical District)			X
17. County Medi-Cal Worker (Medi-Cal Eligibilty Worker)			X
CURRENT & HISTORY MONTH ELEMENTS	N/A	N/A	N/A
18. County Code		X	X
19. Aid Code	X	X	X
20. Eligibility Status	X	X	X
21. Other Coverage Code	X	X	X
22. Share of Cost	X	X	X
23. PHP Code	X	X	X
24. PHP Status	X	X	X

	MEDS Eligibility File HIPAA Data Element List Based On The 1025 Byte MEDS MEF		
Data Element*	Available For Use In De-Identified Data Sets	Available For Use In Limited Data Sets	Available For Use In Fully Identified Data Sets
25. Medicare Status	X	X	X
26. Surs Code	X	X	X
27. Special County 1 Code		X	X
28. Special County 1 Aid Code	X	X	X
29. Special 1 Eligibile Status	X	X	X
30. Special County 2 Code		X	X
31. Special County 2 Aid Code	X	X	X
32. Special 2 Eligibile Status	X	X	X
33. Special Obligation	X	X	X

* Does not include Food Stamps program fields.

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